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Bib Data Sheet

CONFIRMATION NO. 9834

SERIAL NUMBER 10/765,665	FILING OR 371(c) DATE 01/27/2004 RULE	CLASS 375	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. BP2917
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/11/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
SWITZERLAND	12	26	4

ADDRESS

51472

TITLE

BIT MAPPING FOR VARIABLE-SIZE HIGHER-ORDER DIGITAL MODULATIONS

FILING FEE RECEIVED 1264	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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